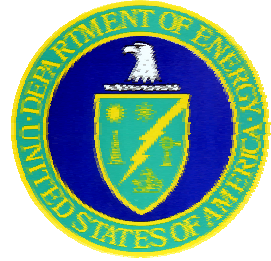




Bechtel Nevada
Weapons of Mass Destruction Training Program
P.O. Box 98521
M/S: NLV110
Las Vegas, NV 89193-8521



(Please print clearly or type application)

I am interested in attending the **WMD Radiological/Nuclear Course for HazMat Technicians**

Last Name _____ **First Name** _____ **MI** _____

Social Security Number: _____
(Student identification use only)

Commercial Driver's License # _____ **Expiration Date** _____

Department/Agency/Office Address

Email Address

Department/Agency/Office Telephone Number:

Department/Agency/Office Fax Number:

Professional Experience:

My current job is: _____

Applicant's Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

*State Coordinator: _____ Date _____

*Approval signature required.

Before mailing application ensure that you have filled in all requested information on the

1. Application
2. U.S. Dept. of Energy Security form
3. Bechtel Nevada Medical questionnaire

Forward application and required forms to your State Emergency Management Coordinator. If you have any questions you may call: 702-295-3224.

Privacy Act Statement

The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.